

# Los Angeles County Sheriff's Department

## Officer Involved Shooting

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Report Date: 05/13/15		Bureau/Station/Facility: Central Patrol Division/Compton Station		Admin. Invest.? <input type="checkbox"/>	Hit? <input checked="" type="checkbox"/>
<b>Incident Information</b>					
URN: 015-05947-2824-051		Date: 05/13/15		Time: 1741 hours	
City or Station: Compton		Nature of Incident: Subject [redacted] running toward deputies with handgun. Subject then raised handgun in their direction. Dep Juarez fired his handgun, striking subject's leg.			
Location: [redacted] North Long Beach Boulevard					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input checked="" type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input checked="" type="checkbox"/> Street Other: Sidewalk	Lighting (check only one): <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights  Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain  Distance: 20-25 Feet	Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other: 923's in area.		Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input type="checkbox"/> Call <input checked="" type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit  Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol	
Total # of Shots Fired by Deputy: 4	Total # of Shots Fired by Suspect: 0			Aero Unit? <input type="checkbox"/>	Canine Unit? <input type="checkbox"/>
<b>Employee Witnesses</b>					
Employee # [redacted]	Last Name: Aviles	First Name: David	M.I.: NMI	ShiftTime (check only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
<b>Non-Employee Witnesses</b>					
Last Name: [redacted]		First Name: [redacted]		M.I.: [redacted]	
Street Address: [redacted]		City: [redacted]	Zip Code: [redacted]	Work Ph: [redacted]	Home Ph: [redacted]
Last Name: [redacted]		First Name: [redacted]		M.I.: [redacted]	
Street Address: [redacted]		City: [redacted]	Zip Code: [redacted]	Work Ph: [redacted]	Home Ph: [redacted]
Last Name: [redacted]		First Name: [redacted]		M.I.: [redacted]	
Street Address: [redacted]		City: [redacted]	Zip Code: [redacted]	Work Ph: [redacted]	Home Ph: [redacted]
<b>Supervisors</b>					
Employee # [redacted]	Last Name: Miller	First Name: Ralph	M.I.: E	(check one or more): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more): <input type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
<b>Watch Sergeant</b>					
Employee # [redacted]	Last Name: Cruz	First Name: Ulysses	M.I.: A.		
<b>Watch Commander</b>					
Employee # [redacted]	Last Name: Mitry	First Name: Nabeel	M.I.: S.		

<b>PSTD Use Only</b>	
SH #	2379366

**Los Angeles County Sheriff's Department**

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<b>Non-Employee Witnesses</b>					
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	

# Officer Involved Shooting Involved Employee Information

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Involved Employee											
E 1	Employee #		Last Name			First Name		M.I.			
			Juarez			Jaime		NMI			
	Sex: M	Race: H	Rank: Deputy		Unit Assignment: Compton		Work Assignment (Unit #, Module, etc.): 287D1				
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:				
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>		
	Hrs of sleep prior to shooting: 8		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:				
	Age: 5' 7"		Height: 157		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:		
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input checked="" type="checkbox"/>	Number of Prior Shootings: 3	Directed Force: <input type="checkbox"/>		
	Weapons Fired Brand: Sig Sauer		Caliber: 9mm		# Shots: 4		Weapons Fired Brand:		Caliber: # Shots:		
	Field Training Officer Emp #			Last Name			First Name			M.I.	
	Field Training Officer Emp #			Last Name			First Name			M.I.	
	E	Employee #		Last Name			First Name		M.I.		
		Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
		ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>			
Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:					
Age:		Height:		Weight:		Range Qualification Date:		PPC Qualification Date:	Laser Training Date:		
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>			
Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: # Shots:			
Field Training Officer Emp #			Last Name			First Name			M.I.		
Field Training Officer Emp #			Last Name			First Name			M.I.		
E		Employee #		Last Name			First Name		M.I.		
		Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
		ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>		
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:				
	Age:		Height:		Weight:		Range Qualification Date:		PPC Qualification Date:	Laser Training Date:	
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>		
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: # Shots:		
	Field Training Officer Emp #			Last Name			First Name			M.I.	
	Field Training Officer Emp #			Last Name			First Name			M.I.	

# Officer Involved Shooting Suspect Information

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## Suspect Information

S 1	Last Name			First Name			M.I.		
	AKA Last Name			First Name			M.I.		
	Sex: M	Race: B	Street Address:			City			State & Zip Code:
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:		
	Age: 17	D.O.B.:	Height: 5' 11"	Weight: 180	FBI #:		CII #:		
	Booking #:		Primary Charge: 245(a)(1) P.C.				Secondary Charge:		
	Coroner Case? <input type="checkbox"/>		Coroner Case #:		Intoxication/Drug Usage? <input checked="" type="checkbox"/>		Substance Used: Marijuana		
	Armed? <input checked="" type="checkbox"/>		Apprehended? <input checked="" type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>		
	Vehicle Make			Model:			Year:		
	S	Last Name			First Name			M.I.	
AKA Last Name			First Name			M.I.			
Sex:		Race:	Street Address:			City			State & Zip Code:
Work Phone:		Home Phone:		Social Security #:		Driver's License #:			
Age:		D.O.B.:	Height:	Weight:	FBI #:		CII #:		
Booking #:		Primary Charge:				Secondary Charge:			
Coroner Case? <input type="checkbox"/>		Coroner Case #:		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>			
Vehicle Make			Model:			Year:			
S		Last Name			First Name			M.I.	
	AKA Last Name			First Name			M.I.		
	Sex:	Race:	Street Address:			City			State & Zip Code:
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:		
	Age:	D.O.B.:	Height:	Weight:	FBI #:		CII #:		
	Booking #:		Primary Charge:				Secondary Charge:		
	Coroner Case? <input type="checkbox"/>		Coroner Case #:		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>		
	Vehicle Make			Model:			Year:		
	S	Last Name			First Name			M.I.	
AKA Last Name			First Name			M.I.			
Sex:		Race:	Street Address:			City			State & Zip Code:
Work Phone:		Home Phone:		Social Security #:		Driver's License #:			
Age:		D.O.B.:	Height:	Weight:	FBI #:		CII #:		
Booking #:		Primary Charge:				Secondary Charge:			
Coroner Case? <input type="checkbox"/>		Coroner Case #:		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>			
Vehicle Make			Model:			Year:			

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Rollout Information							
Arrival Date	05/13/15	Arrival Time	1857	Date Submitted	08/22/18	Date of Recommendation	
Employee #		Last Name	Diez	First Name	Justin	M.I.	R.
Employee #		Last Name	Grote	First Name	Dinah	M.I.	L.
Employee #		Last Name	Peacock	First Name	Daniel	M.I.	L.
Shooting / Force Information							

## Method

(AW)	Arwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

### Type of Injury

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious
(RM)	Refused Med Treatment
(NN)	NONE

**Body Part Injured**

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

**Brand**

(AK)	AK-47	(JE)	Jennings	(SW)	Smith & Wesson
(BN)	Benelli	(LO)	Lordin	(SR)	Sturm Ruger
(BR)	Beretta	(LU)	Luger	(SS)	SIG Sauer
(BW)	Browning	(MA)	Marlin	(ST)	Sterling
(CH)	Charter Arms	(MO)	Mossberg	(TA)	Taurus
(CO)	Colt	(NC)	NCI aka SKS	(WE)	Weatherby
(DA)	Davis Industries	(NA)	North American	(WN)	Winchester
(GL)	Glock	(NO)	Norinco	(US)	US Government
(HA)	Harrington & Richardson	(RA)	Raven	(YY)	Handmade (Inmate)
(HI)	Hi Standard	(RM)	Remington	(XX)	Homemade (Non-Inmate)
(HK)	H & K	(RG)	RG	(ZZ)	Other Brand
(IT)	Ithica	(RI)	RGI		

**Caliber**

(9)	9 mm	(24)	.243 caliber	(41)	.410 gauge
(10)	10 mm	(25)	.25 caliber	(44)	.44 caliber
(12)	12 gauge	(30)	.308 caliber	(45)	.45 caliber
(20)	20 gauge	(35)	.357 caliber	(50)	50 mm
(21)	.22-250	(36)	30-60 caliber	(SL)	Slug
(22)	.22 caliber	(38)	.38 caliber	(WWW)	Other caliber
(23)	.223 caliber	(40)	.40 caliber		

**FORCE APPLIED** (one code per block)

[illegible]

**COUNTY OF LOS ANGELES  
SHERIFF'S DEPARTMENT**

**INVESTIGATIVE SUMMARY**

**ADDENDUM**

**INCIDENT:** On-Duty Hit Shooting, Suspect Injured

**IAB FILE #:** SH 2379366

**URN #:** 015-05947-2824-051

**DATE/TIME:** May 13, 2015 / 1741 hours

**LOCATION:** [REDACTED] North Long Beach Boulevard, Compton

**SUMMARY**

On August 6, 2018, upon reviewing the completed Homicide case book, it was noted Homicide investigators located surveillance cameras on the light poles, at the intersection of Long Beach Boulevard and Compton Boulevard **[Exhibit A, page 58]**. There was no indication in the Homicide case book if there was an attempt made to retrieve any potential video of the incident.

The IAB investigator contacted Sergeant Sandra Nava, Homicide Bureau, and inquired about the potential surveillance footage. Sergeant Nava prepared a supplemental report describing the inquiry Homicide investigators made regarding potential surveillance footage **[Miscellaneous Documents]**.